2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# 422194

Entity Name: SHADY RANCH DAIRY INC

Current Principal Place of Business:

19257 C.R. 49
O'BRIEN, FL 32071 US

New Principal Place of Business:

Current Mailing Address:

19257 C.R. 49
O'BRIEN, FL 32071 US

New Mailing Address:

FEI Number: 59-1536100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORRIS, DAVID
17906 CR 136
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NORRIS, DAVID M
Address: 17906 CR 136 WEST
City-St-Zip: LIVE OAK, FL

Title: S ( ) Delete
Name: NORRIS, BETTY
Address: 17906 CR 136 WEST
City-St-Zip: LIVE OAK, FL

Title: VP ( ) Delete
Name: NORRIS, TIM
Address: 17906 CR 136 W
City-St-Zip: LIVE OAK, FL 32060

Title: VP ( ) Delete
Name: NORRIS, LARRY S
Address: 19497 CR 49
City-St-Zip: O BRIEN, FL 32071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M NORRIS P 03/28/2009

Electronic Signature of Signing Officer or Director — Date